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pt.1**ABANDONED INFANTS ASSISTANCE ACT OF 1988**

AUGUST 4, 1988.—Ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 4843 which on June 16, 1988, was referred jointly to the Committee on Energy and Commerce and the Committee on Education and Labor]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4843) to authorize the Secretary of Health and Human Services to make grants for demonstration projects for foster care and residential care of infants and young children abandoned in hospitals, and for other purposes, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

PURPOSE AND SUMMARY

H.R. 4843, the Abandoned Infants Assistance Act of 1988, provides authority for demonstration projects for the family support, foster care, and residential care of infants and young children who have been abandoned in hospitals. Projects are to be developed and operated to prevent such abandonment, to recruit and retain foster families, and to provide for other residential care and professional training.

BACKGROUND AND NEED FOR THE LEGISLATION

As the epidemic of acquired immune deficiency syndrome [AIDS] continues to spread, increasing numbers of women of child-bearing age are infected with human immunodeficiency virus [HIV], the virus presumed to cause AIDS. Many of these women become pregnant and many of the children they bear are infected or appear to be infected.

These children often present complex legal, social, and medical problems: They are born to parents who are themselves sometimes

drug-addicted and sometimes ill with AIDS and who are often unable to provide the care and family support necessary. They have a high potential of becoming ill. They are frequently abandoned in the hospitals in which they are born or in which they are treated for initial symptoms or illness. They are not wanted by adoptive and foster care families or by residential care facilities, sometimes because of their short life expectancy, sometimes because of unwarranted fears that they may infect others, and sometimes because of the financial and emotional support needed to care for them. In some cases, even facilities devoted to the treatment of disabled children or terminally ill children refuse them admission.

The result of these problems has been the growth in "boarder babies," infants and young children who are medically cleared for discharge from the hospital but who nonetheless remain as inpatients simply because there is no place else for them to go. Not only is this detrimental to the child's well-being, but such a placement also costs thousands of dollars per child per year, costs that are frequently borne by the Federal and State governments in the form of Medicaid and by local governments in the form of increased debt for public hospitals. Most of these children do not need the technology and supervision that accompany pediatric hospitalization. Most would be much better suited to foster or adoptive family care. Governmental costs would be reduced by providing for the placement of such children outside of a hospital.

Although some private activity has begun to address the needs of abandoned babies, many hospitals—especially those in large urban areas—are already overwhelmed. Moreover, as the AIDS epidemic continues, the number of babies who are abandoned is increasing exponentially. While this legislation cannot solve the continuing problems of financing health care for those children who need acute hospital care, it is intended to create demonstration projects for the provision of nonhospital care so that as the number of children increases, other States and cities might replicate successful models of treatment and care. The legislations will also assist in identifying gaps in existing service and financial assistance programs.

HEARINGS

The committee's Subcommittee on Health and the Environment held hearings on the cost of AIDS treatment and the provision of nonhospital care on July 22, 1985, and March 5, 1986, and on AIDS and minorities on April 27, 1987. The subcommittee held a hearings on Public Health Service activities on AIDS on February 19, 1988. Testimony was received from witnesses representing the Department of Health and Human Services, as well as witnesses representing health care providers, hospitals, insurance companies, and advocacy groups.

COMMITTEE CONSIDERATION

On June 14, 1988, the Subcommittee on Health and the Environment met in open session and ordered reported, as a clean bill, the bill H.R. 3009, amended, by a voice vote, a quorum being present.

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On June 29, 1988, the committee met in open session and ordered reported the bill H.R. 4843 without amendment by voice vote, a quorum being present.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 2(l)(3)(A) of rule XI of the Rules of the House of Representatives, the subcommittee held oversight hearings and made findings that are reflected in the legislative report.

COMMITTEE ON GOVERNMENT OPERATIONS

Pursuant to clause 2(l)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the committee by the Committee on Government Operations.

COMMITTEE COST ESTIMATE

In compliance with clause 7(a) of rule XIII of the Rules of the House of Representatives, the committee believes that the cost incurred in carrying out H.R. 4843 would be \$10 million in fiscal year 1989, \$12 million in fiscal year 1990, and \$15 million in fiscal year 1991.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 14, 1988.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for H.R. 4843, the Abandoned Infants Assistance Act of 1988, as ordered reported by the House Committee on Energy and Commerce on June 29, 1988.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

JAMES L. BLUM,
Acting Director.

Basis of Estimate: H.R. 4843 would authorize demonstration projects for foster care and residential care programs for abandoned infants and young children, particularly those with acquired immune deficiency syndrome (AIDS). Authorization levels were stated in the bill for the demonstration projects. In addition, the bill would require an evaluation of the demonstration projects. The Health Resources and Services Administration (HRSA) estimates that the evaluation would cost less than \$500,000 in fiscal year 1990.

The bill would require a study and report on the number of infants and young children abandoned in hospitals and the costs incurred in providing housing and care for those infants and children. The study would be required to be completed during the first year after enactment of this bill. The HRSA estimates that the study would cost less than \$500,000 in fiscal year 1989.

H.R. 4843 would require a study on the most effective methods of care for abandoned infants and children. Completion of the study would be required by April 1, 1991. HRSA estimates the cost of the study to be less than \$500,000.

A study to determine cost-effective methods for providing assistance to individuals for the medical costs of treatment for AIDS would be required by the bill. The study would be completed within the first year after enactment of this bill and HRSA estimates the costs to be less than \$500,000.

The CBO assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: None.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by: Lori Housman.
10. Estimate approved by: C.G. Nuckols, for James L. Blum, Assistant Director for Budget analysis.

Congressional Budget Office—Cost Estimate

1. Bill number: H.R. 4843.
2. Bill title: Abandoned Infants Assistance Act of 1988.
3. Bill status: As ordered reported by the House Committee on Energy and Commerce on June 29, 1988.
4. Bill purpose: To authorize the Secretary of Health and Human Services (HHS) to make grants for demonstration projects for foster care and residential care of infants and young children abandoned in hospitals, and for other purposes.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

Estimated authorization levels	1989	1990	1991	1992	1993
Foster care demonstration projects	10	12	15	
Evaluation of demonstration projects		(¹)			
Study and report on number of abandoned infants and young children.....	(¹)				
Study and report on effective care methods.....		(¹)			
AIDS medical costs report and study.....		(¹)			
Total estimated authorization level.....	10	12	15	
Total estimated outlays.....	6	10	13	2

¹ Less than \$500,000.

The costs of this bill would fall within budget function 550.

INFLATIONARY IMPACT STATEMENT

Pursuant to clause 2(l)(4) of rule XI of the Rules of the House of Representatives, the committee makes the following statement with regard to the inflationary impact of the reported bill:

The committee believes that the enactment of the Abandoned Infants Assistance Act will have no inflationary impact and, indeed, will result in a decrease in inpatient hospital spending for children with AIDS and a concomi-

tant reduction in overall health care spending inflationary pressures.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title

Section 1 establishes the title of this act to be the Abandoned Infants Assistance Act of 1988.

Section 2. Findings

Section 2 makes findings regarding the problems of abandoned infants young children and of placement of such infants and young children in nonhospital care.

Section 101. Establishment of program of demonstration projects

Section 101 authorizes the Secretary of Health and Human Service (HHS) to make grants to public and nonprofit private entities for demonstration programs. Such programs are to demonstrate methods to prevent the abandonment of infants and young children, identify and address the needs of such infants and children, assist such infants and children to remain with their natural families or foster families, develop foster care families for such infants and children, carry out programs of care for such infants and children and their families and foster families, and recruit and train health and social service workers to work with such infants and children and their families and foster families. Provision is also made for the administration and conduct of grants. The Secretary is also authorized to provide technical assistance to grantees and to entities that may apply to be grantees.

The committee intends that this program be used principally to respond to the needs of abandoned infants and young children with AIDS, infected with HIV, or apparently infected with HIV (as discussed below in section 301). The committee does not intend, however, that this emphasis be construed to be a requirement that entities and programs establish inflexible diagnostic criteria for services to abandoned infants and children. Clearly if a program is requested to assist an abandoned child, grantees should be free to do so, regardless of the child's medical diagnosis. Rather, the committee intends that this emphasis serve as guidance to the Secretary and intends that the Secretary, in making awards to grantees, direct grants toward those agencies most likely to demonstrate successful methods for responding to the needs of abandoned children infected or apparently infected with AIDS. The committee intends that the primary emphasis be to serve the best interests of the child, including efforts to prevent abandonment and for adequate recruitment and training of foster care families and placements.

The committee further intends that the Secretary ensure that funds directed toward foster care of abandoned infants and children be used in accordance with established safeguards for the well-being of the infant or child. In making awards for projects including foster care and nonmedical residential care, the Secretary should, for example, be assured that all applicants will develop individual case plans and provide for case review systems (as de-

scribed in the relevant provisions of section 475 of the Social Security Act).

Section 102. Evaluations, studies, and reports by Secretary

Section 102(a) requires that the Secretary conduct evaluations of projects funded under section 101 and that the Secretary disseminate information developed through such projects.

Section 102(b) provides that the Secretary is to conduct a study of the scope of the problem of abandoned infants and young children, including the number of such infants and young children with AIDS. The study is to include an estimate of the costs incurred by public payors in providing housing and other care. This study is to be completed one year after enactment of this act.

Section 102(c) provides that the Secretary is to conduct a study of the most effective means of responding to the needs of abandoned infants and young children. This study is to be completed by April of 1991 and its findings submitted to the Congress.

Section 103. Definition

Section 103 defines the term "abandoned infants and young children" to mean infants and young children who are medically cleared for discharge from hospital care but who remain hospitalized because of a lack of appropriate out-of-hospital placements.

Section 104. Authorization of appropriations

Section 104 authorizes appropriations of \$10 million in fiscal year 1989, \$12 million in fiscal year 1990, and \$15 million in fiscal year 1991.

Section 105. Termination of program

Section 105 provides that no grant may be made under this act after September 30, 1991.

Section 201. Study and report on assistance

Section 201 requires that the Secretary conduct a study to determine cost effective methods for assisting in the payment of the health care costs of persons with AIDS, including the feasibility of risk-pool health insurance. The study is also to include estimates of the Medicaid expenditures currently made for such costs and of such expenditures projected to be made over the next 5 years. The Secretary is to report the findings of this study within 1 year of enactment of this act.

Section 301. Definitions

Section 301 defines the term "acquired immune deficiency syndrome" to include infection with the etiologic agent for such syndrome, apparent infection, and conditions arising from such infection. The section also defines the term "Secretary" to be Secretary of HHS.

The committee understands that the most common means of diagnosing infection with HIV is the use of a test measuring antibodies to the virus. The committee also understands that this test has particular shortcomings as a diagnostic device in newborns and young children. Antibodies to HIV that appear in young children

may, in fact, be maternal antibodies, reflecting the mother's infection but not necessarily the child's. Indeed, many children who initially test positive on antibody tests may, as they develop, subsequently test negative, leading to the medical conclusion that they are not themselves infected. Such children may still present difficulties in nonhospital placement, however, inasmuch as the fear and stigma attached to a positive AIDS test may follow them long after their antibody status has reversed.

As stated above in section 101, the committee does not intend, however, that a rigid, patient-by-patient rule of eligibility for services be established. Rather, the committee intends that the Secretary, in making awards, emphasize the provision of services to infants and children with AIDS, including those with apparent infection.

AGENCY VIEWS

No agency views were received on H.R. 4843.







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